



## Audio Conferencing

All service orders are subject to the terms and conditions of the FTS2001 contract (GSA Contract No. GS00T99NRD2002) and applicable tariffs of MCI WorldCom. Your placement of an order constitutes your agreement to be bound by these terms and conditions.

### Government Specific Information

<b>Service Information</b>			
Date of Order:			
Order Receipt Method:	<input type="checkbox"/> E-mail <input type="checkbox"/> Fax <input type="checkbox"/> Voice		
Order Type:	<input type="checkbox"/> Migration <input type="checkbox"/> Implementation		
Are Services shared with co-located Agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Primary or Secondary:	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary		
If Secondary, what is the AB code of the Primary Agency?:			
Service Requested:			
Agency Name:			
Agency Service Request No.:			
Agency Billing Code:		Service Due Date:	
Hierarchy Code:			
Price Quote:			
Billing Type:	<input type="checkbox"/> Direct <input type="checkbox"/> Centralized	If Direct, PO #.:	
		If Centralized, Funding #:	
Government Project Name:			
MCIW Project Name:	<i>MCIW use only</i>		
Notification Status:			
TSP:	<input type="checkbox"/> Yes <input type="checkbox"/> No	TSP Code:	
Expedite:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Quantity:			
Is there a spreadsheet (or other document) associated with this order?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, specify filename:			

<b>Designated Agency Representative Information</b>			
First Name:			
Last Name:			
Address:			
City:		State:	
Country:		Zip:	
Fax:			
Phone:		Extension:	
Email:			



Originating Local Government				
First Name:				
Last Name:				
SDP ID Originating:				
Address:				
City:		State:		Zip:
Country:				
Phone:		Extension:		
Email:				<input type="checkbox"/> cc on all Notifications
Fax:				

Terminating Local Government				
First Name:				
Last Name:				
SDP ID Originating:				
Address:				
City:		State:		Zip:
Country:				
Phone:		Extension:		
Email:				<input type="checkbox"/> cc on all Notifications
Fax:				

Service Coordinator Information				
First Name:				
Last Name:				
Address:				
City:		State:		Zip:
Country:				
Phone:		Extension:		
Email:				
Fax:				

Lead Sales Rep Information				
SSN:	<i>MCIW use only</i>			
First Name:	<i>MCIW use only</i>			
Middle Name:	<i>MCIW use only</i>			
Last Name:	<i>MCIW use only</i>			
Vnet:	<i>MCIW use only</i>	Phone:	<i>MCIW use only</i>	Email:
MCI Sales Division #	<i>MCIW use only</i>			
PC/ASC Name:	<i>MCIW use only</i>			
PCS/ASC SSN:	<i>MCIW use only</i>			
PC/ASC Vnet:	<i>MCIW use only</i>			

PC/ASC Email:	<i>MCIW use only</i>
Sales City:	<i>MCIW use only</i>
Rev Loc:	<i>MCIW use only</i>

CSC Information	
SSN:	<i>MCIW use only</i>
First Name:	<i>MCIW use only</i>
Last Name:	<i>MCIW use only</i>
Vnet:	<i>MCIW use only</i>
Email:	<i>MCIW use only</i>
Phone:	<i>MCIW use only</i>

TC Information	
SSN:	<i>MCIW use only</i>
First Name:	<i>MCIW use only</i>
Last Name:	<i>MCIW use only</i>
Vnet:	<i>MCIW use only</i>
Email:	<i>MCIW use only</i>
Phone:	<i>MCIW use only</i>

## Order Information

General	
Standard Interval:	
Choose One:	<input type="checkbox"/> Standard Interval (above) <input type="checkbox"/> Requested Due Date
If Requested Due Date, Indicate Date:	
Expedite:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Telco Required:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Electronic Media Action:	<input type="checkbox"/> Add <input type="checkbox"/> Delete
Electronic Media Type:	<input type="checkbox"/> CD ROM <input type="checkbox"/> Magnetic Tape
Electronic Media Quantity:	

## Related Order Information

Are There Related or Integrated Orders?:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Specify Related Order Numbers:	
Primary Order OETS #:	

## Billing Information

General:			
Corporate ID:	<i>MCIW use only</i>	NASP ID:	<i>MCIW use only</i>
New or Existing Account #:	<input type="checkbox"/> New <input type="checkbox"/> Existing		
Account Number:	<i>MCIW use only</i>		

Product Specific:			
Call Detail Sort Order:	<input type="checkbox"/> Conference Leader's last nam <input type="checkbox"/> Date <input type="checkbox"/> Other	CRC Description:	
Corporate Account Billing:			

